HEADQUARTERS
EUROPEAN THEATER OF OPERATIONS
UNITED STATES ARMY
Office of the Chief Surgeon
APO 887

Ch Surg 319.1M 20 April 1945

CIRCULAR LETTER NO. 37

Records and Reports of Sick and Wounded

Outlined herein are instructions pertinent to the preparation and submission of AGO Form 8-27 (WD MD Form 52c), AGO Form 8-26 (WD MD Form 52b) and AGO Form 8-23 (WD MD Form 51), as prescribed by AR 40-1025 Records and Reports of Sick and Wounded, dated 12 December 1944. This regulation will govern the preparation of these forms except insofar as modified by this directive, and pending complete distribution certain appropriate portions thereof are reproduced for the information and guidance of all concerned.

RESCISSIONS:

Pars 4, 17, and 18, Sec II, Circular Letter No. 20, Off Ch Surg, 2 Feb 1944.
Par 14, Sec II, and par 24, Sec III, Circular Letter No. 63, Off Ch Surg, 23 Apr 1944.
Par 1, b and 1c, Administrative Memorandum No. 103, Off Ch Surg, 5 July 1944.
Par 3, Circular Letter No. 127, Off Ch Surg, 23 October 1944.

TABLE OF CONTENTS

SECTION I - FIELD MEDICAL CARD (WD MD FORM 52c).

1. General. - Numbered (fixed and non-fixed) Hospitals and General Dispensaries, wherever located, will use the Field Medical Card as the individual medical record for recording both patients excused from duty and patients "carded for record only". The Field Medical Card consists of five folds designed to provide a consecutive medical record on hospitalized patients. Each fold of the card provides space for designating the name and location of the receiving hospital, date of admission of the patient, diagnoses and operations (with dates), disposition, and date of disposition. Only the first fold provides space for personal data, such as name, Army serial number (ASN), grade, age, and entries on the source and cause of admission. Each fold represents a separate phase in the hospitalization of a patient to be recorded by the hospital treating the individual during that period. In the event that supplemental space is necessary for corrected or additional entries a hospital may use more than one fold. Regardless of whether the fold is used as a separate individual medical record or for supplemental data, it will be signed by the responsible officer of the recording hospital. The required data will be recorded in accordance with the provisions herein set forth.

a. Army patients "excused from duty". - The term refers to Army patients admitted to a medical installation for treatment or observation and not returned to duty within the calendar day of admission, the common characteristic of these patients being that they are excused from the performance of military duty while under medical care. The term includes Army patients in Army medical installations, as well as Army patients in non-Army hospitals, such as United States naval hospitals, allied hospitals, and civilian hospitals. Individual medical records are required for the Surgeon General's Office on each of such patients.

b. Army patients carded for record only.

(1) General. - In addition to Army patients "excused from duty", individual medical records are required on other Army personnel under circumstances specified in (2) below. Such recorded cases will be referred to as cases "carded for record only". The abbreviation CRO is authorized for designating such cases.

(2) Outpatients. - The following outpatients will be carded for record only:

(a) Venereal disease cases. - An individual medical record will be prepared for each venereal disease case treated on an outpatient status, provided the current case was not previously recorded by any Army medical installation as an Army case. In other words, only "new" cases of venereal diseases treated on an outpatient status will be carded for record only.

(b) WIA cases. - Every Army outpatient treated for wounds incurred in action will be carded for record only, provided the patient was not previously recorded for the same condition.

(c) Pregnancies. - Army patients treated or observed on an outpatient status for a cond-

ition subsequently diagnosed as "Pregnancy" will be carded for record only at the time of the diagnosis, provided the patient was not previously recorded for the present pregnancy.

(d) Other outpatients. - Other outpatients, in addition to those specified above, will be carded for record only when treated or observed for a disease or injury that is most likely to result in partial or complete disability and serve, therefore, as basis for compensation or pension claims against the Government, provided these outpatients were not previously recorded for the particular condition by any Army medical installation as Army patients. The carding of such cases for record only is left to the discretion of the attending medical officer who will use good judgment in the interest of the Government and the individual concerned.

(3) Deaths. - The following cases of death will be carded for record only:

(a) Killed in action (KIA) cases. - An individual medical record will be filled out for each KIA case.

(b) Other deaths ((Except KIA cases). - Deaths of Army personnel, not currently patients "excused from duty", will be carded for record only, regardless of whether such deaths occurred on the post or elsewhere. The death will be carded by the first Army medical installation to which the remains of the deceased are brought, or by the medical installation of the station that made the arrangements for the preparation and disposition of the remains.

(c) Special cases. - An Army patient who dies outside an Army medical installation while on sick leave, convalescent furlough, or AWOL from a medical installation (for less than 10 days) will be carded for record only in the same manner as deaths in (b), provided the disposition of the remains is not made by the medical installation carrying the deceased on sick leave, convalescent furlough, or as AWOL.

The individual medical record of the carded patient will be forwarded to the medical installation which carried the patient on sick leave, convalescent, frulough, or as AWOL, in order to avoid duplication in recording of the death. If the remains are disposed of by the medical installation that has been currently carrying the deceased as a patient "excused from duty", no separate card will be filled out, but the fact of death will be stated under the entry "Dis position" on the medical record on which the patient has been currently reported.

2. Name. - The patient's name will be correctly and legibly typed or written. Last name will be entered first, preferably in block letters, followed by the patient's first name and middle initial (if any).

3. Army serial number. - Because of the inevitable duplication of names, it is especially important that the patient's Army serial number be correctly and legibly typed or written. The number is to be written thus: 39,572,680.

4. Rank. - The patient's rank will be recorded as of the date of initial admission, using authorized abbreviations.

5. Company. - Basic unit will be shown here. If other than company (Ptry, Trp, Det, Sq, Pltn.;), the type of unit will be indicated.

6. Regiment and Arm or Service.

a. General. - The arm or service of the patient will be stated followed by the name of the parent organization to which he is currently assigned or attached. In cases of WAC personnel detailed to an arm or service, the term (WAC) will be added in parenthesis after the name of their currect arm or service. Examples:

Grade	Arm or Service	Organization
Capt	MC	10th F.A. Bn
1st Lt	AGD	Hq, 1st Inf Div
Tec 4	Ord Dept	101st Ord Co
Sgt	Sig C	1320 SU
1st Lt	WAC	2511 SCU
Capt	QMC (WAC)	150 SU
Pvt Gar Pris	Inf	220th Inf Regt
Gen Pris	DD Susp	
Gen Pris	DD Comp	

b. Army Air Forces (AAF) personnel. - In case of AAF personnel, there will be indicated in parenthesis after the arm or service, whether

the individual belonged to the flying (Pilot or non-pilot), or to the ground personnel. Individuals who are required to participate regularly and frequently in aerial flights will be considered as flying personnel. Examples:

Grade	Arm or Service	Organization
Capt	MC (AAF Ground)	Hq 34th Bomb Gp
Major	MC (AAF, Flying, non-pilot)	301st Bomb Sq
Pvt	Sig C (AAF, Ground)	712th Sig Bn
2nd Lt	AC (Pilot)	914th Fighter Sq
Pvt	AC (Ground)	239 Tech Sq
Sgt	AC (Flying,non-pilot)	406th Bomb Sq

7. Division. - For Field Forces enter division; for Air Corps Troops enter numerical designation of Air Force.

8. Age. - Age will be reported as of last birthday.

9. Race (or nationality). - The symbols W,C,F,PR,JP,MX and I will be used to designate White, Colored, Filipino, Puerto Rican, Chinese, Japanese, Mexican and American Indian Patients respectively. The nationality of other patients not mentioned above will be fully stated.

10. Nativity or State. - No entry required.

11. Service. - The patient's total current (uninterrupted) active service will be recorded. The length of service will be computed in years and in fractions of years and recorded to the last completed month. For example, 4 years, 5 months and 27 days of service will be recorded as 4 5/12.

12. Source of admission: Army patients excused from duty.

a. General. - The primary purpose of the entry "Source of admission" is to distinguish between direct admissions and admissions by transfer, for the sake of evaluating the incidence of disease and injuries. A patient will be recorded only once as a direct admission during one continuous period of illness. The medical installation where the patient first came to the attention of a medical officer for the current (continuous) illness is the only installation that reports the patient as a direct admission. In a typical instance, a patient initially admitted by a dispensary as a patient "excused from duty", and then sent (either immediately after admission or after he has been treated in quarters) to a hospital for further treatment or observation, will

be considered by the dispensary as direct admission and by the receiving hospital as an admission by transfer. See d. below on reporting carded cases admitted from outpatient status.

b. Direct admissions.

(1) General. - "Direct" admission refers to any patient initially admitted as a "patient excused from duty" from whatever command. For direct admissions from the command of the reporting medical installation or from the organizations attached to the command, including those attached for medical care only, the entry under "Source of admission" will be "Direct". (In the event the attached organization is not located on the post of the reporting medical installation, the location of the attached organization, to which the patient belongs will be specified under "Organization" (See par 6). If the "direct" admitted patient does not belong to the command of the reporting medical installation or to any of the organizations attached to the command, the admission will be recorded as "direct-casual". In the latter case, the name and geographic location of the patient's proper station will be stated thus: "Direct-casual, proper station, 51st Port Bn, APO 000."

(2) Patients admitted from leave, furlough, pass or AWOL. - A patient admitted from leave, furlough, pass, or AWOL will be recorded as provided in (1) above specifying that the fact of leave, furlough, pass, or AWOL, whichever is applicable. Example: "Direct-casual, AWOL, proper station 128 Ord Amm Co, APO 999".

(3) Admissions through change of status. - In the event of a retired officer or a retired enlisted man being placed on active duty while a patient, or a civilian person becoming a member of the Army while a patient, a new individual medical record will be filled out and the case will be recorded as a direct admission. Appropriate cross-references will be made between the old and the new individual medical records. (No new individual medical record will be prepared for any other change in status, such as an enlisted man becoming a warrant or a commissioned officer while a patient. The case will be continued in such instances on the same individual medical record, the change of status being reported under "Diagnoses".

c. Admissions by transfer.

(1) General. - In all cases received by transfer, the designation of the medical installation transferring the patient will be stated. For successive transfers, the receiving hospital will indicate the designation and geographic location of the medical installation that initially admitted the patient and the date of the initial admission, whenever such data were not previously recorded; thus: "Transferred from 150th Evacuation Hospital; initial admission Aid Station, 2d Bn, 75th Infantry, Normandy, 15 June 1944".

(2) Patients admitted from sick leave, convalescent furlough or AWOL from a medical installation. - A patient admitted from sick leave or convalescent furlough will be regarded as an admission by transfer (in order to avoid duplication in reporting the patient as a direct admission), stating the fact of sick leave or convalescent furlough along with the name of the medical installation that granted the leave or furlough. For instance, in case of admission from sick leave, the entry under "Source of admission" will be: "Admitted from sick leave 899th Station Hospital, APO 444". The newly admitting medical installation will notify the medical installation which granted the leave or furlough of the fact of administration and will make the final disposition of the case, unless the original medical installation requests the return of the patient. Whenever the final disposition of the patient is made by the newly admitting medical installation the original medical installation will transfer the case to the newly admitting medical installation, in the same manner as any other transfer. Whenever the original medical installation requests the return of the patient, such patient will be carried by the original medical installation as "sick in another Army hospital" until he is returned from the newly admitting medical installation. (This does not apply to admissions from sick leave or convalescent furlough granted to patients under the provision that they should return to duty upon expiration of the leave of furlough. Such persons are not carried currently as patients "excused from duty", and should therefore be recorded as direct admission, as provided in b (1) above). This pro-

cedure, prescribed for admissions from sick leave or convalescent furlough, applies also in case of a patient admitted from AWOL from a medical installation, provided the medical installation still carries the patient on its records. The fact of AWOL will be stated under "Source of admission", followed by the name of the medical installation from which the patient is AWOL; thus, "Admitted from AWOL, 200th General Hospital, APO 988".

d. Carded patients admitted from outpatients status - An outpatient carded for record only and changed to an "excused from duty status" while treated or observed on an outpatient status for the current (continuous) condition for which he was carded, will be recorded under "Source of admission" as: "Admitted from outpatient status for CRO condition". Such cases will be marked "old" under diagnoses. (Admission from an outpatient status for a condition not carded at all, or not currently carded, will be recorded as a direct admission, in accordance with b (1) above).

e. Army patients carded for record only. - Cases carded for record only will carry under "Source of admission" the statement "Carded for record only", or "CRO", preceded by the term "Casual", whenever the carded case does not belong to the command or to any of the organizations attached to the command, including organizations attached for medical care only; thus: "CRO", or "Casual", CPO, proper station, Ft. Sheridan, Ill".

13. Received at (Hospital and Location). - Name of hospital, hospital plant number (if any) and the geographical location of the hospital. Such general terms as UK, France, Belgium, Holland and Germany are acceptable.

14. Date. - Date of admission will be given in the following order. Day, month (by name), and year, in that order, e.g. 15 March 1945.

15. Diagnoses: Every disease and injury present at the time of initial admission, whether as primary or secondary cause of admission, and every complication and additional disease or injury diagnosed during the patient's hospitalization, and likewise every change in diagnosis, and every cured or terminated condition, will be recorded in the space provided for diagnoses. The immediate condition which necessitated the initial admission will be considered as the primary cause of admission and recorded as first diagnosis. In instances of several conditions necessitating an initial admission, the most serious condition will be taken as the primary cause of admission. The other (secondary) conditions present at the time of initial admission will be entered in order of their importance and will be numbered consecutively. The conditions themselves, and not the required

treatment, will be recorded. Should any of the conditions for which the patient has been under medical care be cured or terminated before the disposition of the patient, this fact and the date of cure or termination of the condition will be stated.

a. Diagnoses of diseases will show complete details according to standard terminology and good medical practice. No diagnostic abbreviations will be used on the Field Medical Records. (See Sec II 1.c. Authorized abbreviations on EMT).

b. Special requirements for recording certain diseases.

(1) Manifestations and symptoms. - Manifestations and symptoms of a pathological lesion or of a general affection will be recorded as a separate diagnosis only when no definite diagnosis can be made. Whenever a definite diagnosis can be made, the manifestations or the symptoms will be reported as qualifying parts of the definite diagnosis; thus: "Salmonella infection due to eating potato salad and manifested by diarrhea", rather than "1. Salmonella infection due to eating potato salad; 2. Diarrhea due to Diagnosis 1".

(2) Cause undetermined. - This term will be used, following the diagnosis, in diseases having one or more recognized causative agents, whenever the etiology could not be or was not ascertained. Example: "Arthritis, chronic, hypertrophic, severe, involving thoracic and lumbar spine and sacroiliac joints, bilateral; cause undetermined".

(3) Ill-defined conditions. - In exceptional cases, when a condition necessitating admission is so ill-defined as not to permit a definite diagnosis, the case will be recorded as an "ill-defined condition", specifying the body system which appears to be affected and the important manifestations or symptoms of the condition. Example: "Ill-defined condition, nervous system, manifested by malaise and vomiting, with no demonstrable cause". The expression "no disease" will not be used in these cases, as this expression is confined to cases specified in (4) below.

(4) Admissions: No disease found. - Personnel admitted for observation for a possible disease will be recorded, when no disease is found, as: "No disease", specifying the purpose of admission. Examples:

"No disease, spinal puncture", "No disease, meningitis suspect". Whenever a disease is discovered, the proper diagnosis will be recorded, as required for any other admission.

(5) Malignant neoplasms. - Diagnoses of malignant neoplasms should, whenever possible, be confirmed by histological examination of the tissue. Whenever tissue is removed for such examination, this fact and the histological findings will be recorded.

(6) Designations. - The organ or part affected will be specified when the name of the morbid condition fails to indicate it, as in paralysis, aneurism, ulcer, or herpes; also in inflammations, as adenitis, osteitis, arthritis, or synovitis; and in local injuries, as abrasions, burns, contusions, or dislocations.

(7) Infectious diseases. - In cases of infectious diseases, capable of being caused by more than one type of organism, the diagnosis will be followed by identification of the causative organism, if determined. Example: "Dysentery, bacillary, caused by Shigella sonnei".

(8) Pulmonary affections. - In pulmonary affections the lobe or lobes involved will be designated, and the entry will specify whether the disease is confined to the right or left lung or extends to both lungs. In the case of pneumonia, the causative organism will be designated whenever possible; a diagnosis of pneumococcal pneumonia will include the type of pneumoccoccus, if known. Example: "Pneumonia, pneumoccoccus, type IV, upper lobe, left lung". When the causative organism has not been determined, the pneumonia will be designated as "etiology undetermined". Exception to this will be made in the case of pneumonia, primary, atypical, etiology unknown, which will be so designated. When a diagnosis of pneumonia accompanies a diagnosis of either measles or influenza, the cause of the pneumonia will be indicated as due to the virus of the primary disease, if such is the case, or as due to specific bacterial invaders, or as the undetermined etiology.

(9) Inflammations. - Inflammations will be differentiated as acute or chronic. Distinction will

be made between inflammations and infections of venereal and non-venereal origin, in cases where the genital organs or the inguinal lymph nodes are involved. Example: "Epididymitis, acute, non-venereal, non-tuberculous".

(10) Venereal diseases. - Non specific terms, such as "venereal warts" and "venereal bubo" will not be used. The type of venereal disease, including complications, will be recorded in each case.

c. Terminology of "new" and "old". - Every case of venereal disease must be recorded as either "NEW or "OLD". The case is reported as "new" when it is first treated by Army Medical Service. This case continues to be "new" until the patient is discharged to "duty". When a patient who has been discharged to "duty" is subsequently re-admitted to the same hospital or dispensary, or to any other hospital or dispensary for treatment of the same disease, the current diagnosis must be recorded and the fact that the case is a re-admission indicated by the notation "old". The transfer of a patient from one hospital to another is only an incident in the course of the treatment and does not constitute a re-admission.

d. Injuries. - The term "injury" is used here in its broad sense to include such conditions as fractures, wounds, sprains, strains, dislocations, concussions, and compressions, commonly thought of as "accidents". In addition, it includes conditions resulting from extremes of temperature or prolonged exposure. Acute poisonings (except due to ingestion of contaminated food), resulting from exposure to a toxic or a poisonous substance, are also classed as injuries.

(1) Recording of injuries. - A complete diagnosis of an injury will show not only the nature of the injury, but also its causative agent and the part of the body affected. In addition, the diagnosis will carry a statement as to the circumstances under which the injury occurred. Such a statement should specify whether the injury was intentionally or accidentally self-inflicted, or intentionally or accidentally inflicted by another person. It should likewise indicate the activity in which the person was engaged at the time of injury and the place where the injury occurred, i.e. whether the person was on work detail, marching or drilling, on the obstacle course, handling fire-arms (on the range, cleaning rifle, etc.), or engaged in athletics, and whether the injury occurred on the post or in camp, or while on leave, furlough, or AWOL. For example: "Fracture, compound,

comminuted, upper third of femur, left, caused by rifle bullet. Accidentally incurred when patient's gun discharged while he was cleaning it in barracks, 420th HP Bn, APO 678, 15 December 1944, bullet entering anterior upper portion of left thigh and lodging in femur". Any other available pertinent details concerning the manner in which the injury was incurred, will like-wise be added.

(2) Permanent after effects to be reported. - If the injury results in a permanent physical or mental impairment, the part of the body affected, the nature of the impairment, and the degree of impairment will be specified.

(3) Manner of recording. - Care will be taken to record the exact nature of the injury and not merely the condition resulting from the injury. For example, terms like traumatic bursitis, traumatic neuritis, traumatic rupture, traumatic myositis, or traumatic synovitis are not sufficient as the sole diagnosis of the traumatism, since such conditions are the result of traumatism. The correct entry for such conditions would be similar to the following: "1. Wound, contused, anterior aspect, knee, right, incurred when patient tripped and fell, striking knee on floor while entering barracks, Hq, Co, 409th Bomb Group, APO 411. 2. Bursitis, acute, nonsuppurative, secondary to Dg. 1.". However, if it is an old injury and the patient is admitted because of a sequela or an impairment resulting from that injury the sequela or the impairment (and not the injury) will be given as the cause of admission, followed by a statement on the nature and the date of original injury. In case of poisoning, the name of the poison will be given.

(4) Casualties caused by chemical warfare agents. - In injuries caused by chemical warfare agents, the nature of the injury, the part or parts of the body affected, the symptoms and the accepted Army name of the agent will be recorded. In the event that the agent is not definitely recognised, anything that is known concerning the physical properties of the agent, e.g. odor, color, or physical state, will be recorded. The date and time when the contamination took place should be entered in the record. If self-decontamination or

first-aid was carried out, the time interval between the contamination and the self-decontamination or first-aid procedures should be indicated, so far as possible, as well as the nature of these procedures.

(5) Geographical Location: The geographical location or the "place" where a patient sustained his injury along with the description of the wound and causative agent will be shown under diagnosis. Any hospital receiving a patient whose record does not already show clearly the geographical location where the patient was injured, wounded, or became ill, will ascertain such location and enter same on the individual medical record. Such "general terms" as Normandy, France; English Channel; Paris, France; etc., are acceptable if the use of more specific locations is restricted by security regulations.

16. Line of duty for disease or injury:

a. General. - Every disease, injury (including WIA cases), and death (including KIA cases), of Army personnel, as reported on any of the individual medical records, will carry a statement as to whether or not the disease, injury, or death was incurred in line of duty. This provision applies to primary and contributory causes of admission, as well as to changed diagnoses, complications, additional diagnoses, and intercurrent diseases.

b. Basic provision for determining line of duty. - A disease or injury that a militarized person contracts or sustains, while in the active military service of the United States, will be presumed to have been incurred in line of duty, unless there is substantial evidence to show that such disease or injury -

(1) Occurred under circumstances indicating the presence of the individual's misconduct or wilful neglect and unless it is established by a fair preponderance of evidence that such misconduct or wilful neglect was the proximate cause of the disease or injury.

(2) Occurred while the individual was absent from duty without official permission.

(3) Occurred as the result of the individual's outside activities, not of a class authorized or encouraged by the War Department.

(4) Existed prior to the individual's current active service and was not aggravated by the service.

c. General inference. - Lacking evidence to the contrary, a disease or injury of a militarized person will be presumed to have been service-connected, and therefore, in line of duty. This presumption applies not only to a disease or injury connected with the individual's status as a soldier, but also to a disease or injury resulting from the individual's performance of any of the usual duties or activities incident to everyday life (not inconsistent with his status as a soldier), or resulting from the individual's outside activities, when such activities are authorized or encouraged by the War Department.

d. Mis-conduct or wilful neglect:

(1) General. - The following diseases and injuries, and the effects directly attributable to such diseases and injuries, will be held to have resulted from misconduct: effects of a disease or injury resulting directly from intemperate use of alcoholic liquor or habit-forming drugs: venereal diseases, if the individuals involved failed to comply with the Army Regulations requiring them to report and receive treatment for such disease: other diseases and injuries when directly caused by an act of commission or omission wrong in itself, or by an act contrary to the principles of good morals, or when resulting from gross negligence, gross carelessness or deliberate self-infliction of wounds. The mere presence of misconduct, however, does not fix misconduct as the producing cause. A finding that the disease, injury, or death is the result of misconduct is proper and sustainable only when it has been established by a fair preponderance of evidence that misconduct was the proximate cause of such condition. (By "proximate" cause is meant the moving or direct cause). When misconduct is only the contributing cause, the disease, injury, or death cannot be held to be the result of misconduct.

(2) Intemperate use of alcoholic liquor or habit-forming drugs.

(a) General. - Intemperate use of alcoholic liquor or habit-forming drugs involves misconduct, and a disease or injury, directly resulting from such misconduct, will be regarded as having been incurred not in line of duty.

(b) Intemperate use of alcoholic liquor. - By the term "intemperate" use of alcoholic

liquor is meant wilful, unauthorized ingestion of any alcohol in any amounts resulting directly in absence from regular duty. Whenever the absence from duty for more than 1 day, is due to a disease, as distinguished from an injury, which is directly attributable to and immediately follows the individual's own intemperate use of alcoholic liquor, the case will be considered within the purview of AR 35-1440, which provides for the forfeiture of pay for the period of such absence (act 17 May, 1926, sec. 1.), and will also involve for enlisted personnel, "making good" time lost. Thus for instance, absence from regular duty by reason of blindness resulting from the individual's own consumption of alcoholic liquor will be considered within this provision, and the line of duty will be recorded "LD: No, AR 35-1440", to indicate that pay is to be forfeited and that also, in case of enlisted personnel, the time lost is to be made good. Absence from regular duty because of an injury incurred during drunken brawls is excluded from the provision of AR 35-1440, when such absence is due to the injury rather than directly to the alcoholism. Such an injury will be considered within the purview of the Article of War 107, and the line of duty will be recorded "LD: No, AW 107". (The provision of AW 107 is applicable to enlisted personnel only, when such personnel render themselves unable for more than one day to perform duty because of a disease or injury resulting directly from misconduct. For officers, the line of duty in such instances will be recorded "LD: No, Misconduct")

(c) Intemperate use of habit-forming drugs. - The term "Intemperate use of habit-forming drugs" implies wilful, unauthorized use of such drugs as cocaine, opium and its derivatives, and other habit-forming drugs, when such use results directly in absence from regular duty for more than one day. In case of a disease, as distinguished from an injury, directly resulting from such conditions, the line of duty will be "LD: No, AR 35-1440": In case of an injury, the line of duty will be recorded "LD: No, AW 107", for enlisted personnel. (For officers the line of duty will be recorded, in the latter instances, "LD: No, Misconduct"). Absence from regular duty resulting from symptoms due to the withdrawal of the habit-forming drugs is, likewise, within the purview of the provision, regardless of whether such withdrawal constitutes instituted treatment or is the result of inability by the patient to obtain the habitually used drugs.

(3) Venereal Diseases.

(a) General. - Syphilis, gonorrhea, chancroid, lymphogranuloma venereum, and granuloma inguinale, classified as venereal diseases will not be considered to have been incurred through misconduct, unless the individual involved has failed to comply with the existing Army Regulations requiring him to report and receive treatment for such disease. Absence from regular military duty for more than one day because of such disease, when determined to have been incurred through misconduct, will be considered within the purview of AW 107 which provides for "making good" time lost. The line of duty will be recorded in such instances "LD: No, AW 107". (AW 107 is applicable to enlisted personnel only; for officers the statement will be "LD: No, Misconduct". The provision of "making good" lost time will extend only for the period for which the patient was treated on an "excused from duty" status "whether in hospital or in quarters) because of the venereal disease, provided the venereal disease was the primary cause of admission. (This applies though the patient might have been, at the same time, treated on an "Excused from duty" status for some concurrent disease or injury). If the venereal disease was not the primary cause of admission, the provision of "making good" time lost applies only to the extra period of treatment (whether in hospital or in quarters) on an "excused from duty" status due to the venereal disease, after the primary or any other concurrent disease or injury, for which the patient has been admitted, has terminated. If the individual involved complied with the existing Army Regulations requiring him to report and receive treatment for such disease, the line of duty will be determined as for any other disease, except that the factor specified in b (3) above will not apply: That is, if the individual contracted the disease while in the service, the line of duty will be recorded "LD: Yes", provided none of the varying factors, specified in b above other than the factor set forth in (3) thereof, is involved. If the hospitalized individual

contracted the venereal disease prior to his entrance into the service, the line of duty will be recorded "LD: No, EPTS", provided the disease was not aggravated by the service. The line of duty for cases of paresis, tabes dorsalis, and other conditions that are unmistakably the result of venereal infections, will be the same as that of their primary venereal infections.

(b) No forfeiture of pay. - Pay will no longer be forfeited when an individual is absent from regular duty on or after 27 September 1944, on account of a venereal disease, whether or not due to misconduct. See sec. 1, Public Law 439 - 78th Congress, approved 27 September 1944.

(c) Inductees with venereal disease. - Individuals inducted into the Army with venereal disease, and hospitalized for the treatment of such disease, will be regarded as cases incurred not in line of duty due to a condition that existed prior to service. The line of duty will be recorded "LD: No, EPTS", provided the disease was not aggravated by the service.

(4) Cases treated on duty status. - The line of duty for a disease or injury resulting from misconduct, when treated on a duty status, will be recorded "LD: No, Misconduct". Neither forfeiture of pay nor "making good" time lost is involved in such cases.

e. Absence from duty without official permission. - Whenever an individual sustains an injury or contracts a disease, while absent from duty without official permission, such a disease or injury will be regarded as having been incurred not in line of duty. In such instances, the line of duty will be recorded "LD: No", provided no misconduct was present. If misconduct was the proximate cause, it will fall within the category specified in d. above.

f. Result of outside activities not a class authorized or encouraged by War Department. - A militarized person who engages in outside activities (as distinguished from every day affairs), not incident to his military status and not essential to the furtherance of national interest and military effort, assumes responsibility for any disease or injury to himself resulting from such activity unless the activity is of a class authorized or encouraged by the War Department. Such a disease or injury, and any condition directly resulting from such a disease or injury, will be regarded as having been incurred not in line of duty (with no misconduct involved). The line of duty will be recorded in such instances "LD: No".

g. Existed prior to individual's current active service and was not aggravated by service. (AR 615)

(1) General. - If none of the factors mentioned above, from d through f, is involved, the line of duty will be determined on the basis of whether or not the disease or injury, or the conditions responsible for the disease, injury or death, existed prior to active service, and, if such did exist prior to active service, whether or not they were aggravated by the active service. The following basic provision (2) below will be taken as the fundamental guide in establishing line of duty in such instances.

(2) Basic provision. - Irrespective of length of service, an Army patient will be presumed to have been in sound condition upon entering active service, unless the disease or injury, or the conditions which brought about the disease, injury or death, were noted on the patient's physical examination upon entrance into the service, or unless clear and unmistakable evidence ('3' below) demonstrates that the injury or disease, or the conditions which caused the disease, injury, or death, though not noted, existed prior to the patient's active service. Further, even if the existence of the condition prior to entering active service has been established, only specific findings of "natural progress" of the disease or injury, based on well-established medical principles, are able to overcome the presumption of service aggravated ('4' below). This provision will serve as a basis for judging line of duty in all cases, on or after 7 December 1941, and before the termination of hostilities incident to the present war. (It will be borne in mind that in determining line of duty with respect to eligibility for retirement benefits, the incapacity, whether resulting from a condition incident to service, or from a condition that existed prior to service but aggravated by the service beyond the "natural progress" of the condition, must be permanent; that is, the incapacity caused by the condition must be such that the removal of the disability within a reasonable time is highly improbable; (see AR 605-250 and AR 615-395).

(3) Clear and unmistakable evidence. - Medical judgment alone, as distinguished from well-established medical principles, will not be considered sufficient to rebut the presumption of the patient's sound condition at the time of his entrance into military service. Discovery of residual conditions, however, such as scars, healed fractures, absent or resected parts of organs, supernumerary parts, congenital malformations, or fibrosis evidencing formerly active tuberculosis, is convincing enough to impel the conclusion that these conditions existed prior to the patient's entrance into active service, without further proof, provided there is no evidence of active injury or disease during service. Manifestations of lesions or symptoms of chronic disease so close to the date of the patient's entrance into active service, that the disease could not have originated in so short a period, will be accepted as clear and unmistakable evidence that the disease existed prior to active service.

Likewise, manifestation of disease within less than the required minimum incubation period, since the patient's entrance into active service, will be accepted as evidence of inception prior to services. (See '5' below on psychiatric cases).

(4) Service aggravated. - Any increase in disability during active service resulting from a condition that existed prior to active service will be presumed to have been service-aggravated unless it can be proved otherwise on the bases of well-established medical principles. Medical or surgical treatment furnished during service for pre-existing conditions does not of itself establish increase in disability; however, if such treatment was necessitated by increase in severity of pre-existing conditions, then such disability will be considered as service-aggravated, unless the condition was improved by such treatment. Discovered healed residuals of a former injury or disease, without evidence of active pathology during service, will not be regarded as increase in disability. Similarly, mere recurrences of certain disease within a short period after the patient's entrance into active service, such as epileptic seizures, seasonal asthma, recurrent dislocations, etc., do not establish increase in the degree of disability. Also, incapacitating defects due to certain diseases, such as neoplasms, most endocrine disturbances (except hyperthyroidism or diabetes mellitus), epilepsy, arteriosclerosis, and hypertrophic (degenerative) arthritis, commonly designated as osteo-arthritis, and other chronic and degenerative diseases in which the onset is insidious and progress is slow, are of themselves not evidence of increased disability. Unless there was some pertinent local injury, or an abrupt and sudden pathological development during active service, and incapacitating defects may arise as a natural consequence of pre-existing conditions, and not incident to or aggravated by service. On the other hand, advancement of such conditions as peptic ulcer, rheumatoid arthritis, diabetes mellitus, active pulmonary tuberculosis, and bronchial asthma (not established as seasonal) can be expected to have been caused by exertion, exposure, or other adverse influence of the military service. Acute infections such as pneumonia, active rheumatic fever (even though recurrent), acute pleurisy, acute ear disease, and sudden developments, as hemoptysis, lung collapse, perforating ulcer, decompensating heart disease, coronary occulsion or thrombosis, cerebral hemorrhage, occurring while in service, will be regarded as service-incurred or service-aggravated unless it can be clearly and unmistakably shown that there was no increase in severity during active service. (See '5') below on psychiatric cases).

(a) Change of Army status. - In the event of a commissioned officer, hospitalized for a disease or injury that has been incurred in line of duty while on an enlisted status (prior to commission), the line of duty as a commissioned officer will be "No, EPTS", provided the condition for which the officer is being hospitalized was not aggravated by his or her commissioned service. In such instances, the line of duty of the disease or

injury will be recorded "LD: Yes, as an enlisted man (or woman): "LD: No, EPTS, as a commissioned officer". In case of aggravation, the entry will be "LD: Yes", for both tours of service. The same determination of the line of duty will be followed in analogous cases resulting from change in Army status, such as an enlisted man or woman becoming a warrant officer, or a warrant officer becoming a commissioned officer, or vice versa.

(5) Psychiatric cases.

(a) In line of duty. - The following cases will be considered to be in line of duty irrespective of length of service.

1. Cases of schizophrenia, manic depressive psychosis, psychoses of similar nature, and psychoneurosis occurring in individuals in whom no evidence of the disorder in question existed prior to entry into service.

2. Cases of schizophrenia, manic depressive psychosis, psychoses of similar nature and psychoneurosis occurring in individuals in whom predisposition to these diseases, but not the actual disease itself, existed prior to entry into the service. Neurotic traits in themselves will not be regarded as necessarily indicating the presence of psychoneurosis or psychosis.

3. Psychiatric conditions occurring in individuals in whom such conditions existed prior to entry into the service, but where there is evidence to show that the disorder has been aggravated by the service. (Whenever "permanency" of aggravation must be established, as in determination of eligibility for retirement benefits, an aggravation will not be considered permanent if it is purely situational and if it is evident that it will be removed, with reversion of the disorder to its previous degree of severity, within a reasonable time, upon return to civilian life).

(t) Not in line of duty. - The following cases will be considered to be not in line of duty: cases of schizophrenia, manic depressive psychosis, psychoses of similar nature, and psychoneurosis where available evidence clearly indicates the existence of the disease prior to entry into the service, and that the disease was not aggravated by the service.

17. Line of duty for operations, treatments, and other conditions.-

a. Operations and treatments. - The line of duty for an operation or treatment of a disease or an injury will be the same as that of the disease or the injury for which the operation or the treatment was instituted.

b. Other conditions.

(1) Death or any ill-effect. - Death or any ill-effect directly chargeable to treatment, anesthetic, or operation, instituted by any military person acting within the scope of his or her official position, will be recorded as incurred in line of duty, regardless of the line of duty of the disease or injury for which the patient was operated or treated.

(2) Pregnancies. - Pregnancy of a member of the Army, and the direct complications and sequelae of such pregnancy, will be regarded as incurred not in line of duty (with no misconduct involved): "LD: No". (Neither AR 35-1440 nor AW 107 apply). Illegal abortions (complete or incomplete) will be regarded as misconduct, and the line of duty will be recorded "LD: No, AW 107), except for officers when it will be recorded, "LD: No, Misconduct".

18. Recording of line of duty:

a. General. - Only one of two final entries can be made on line of duty: "LD: Yes" or "LD: No", qualified as prescribed in d below. If the line of duty cannot be immediately established, a temporary entry will be made: "LD: Undetermined", which is to be replaced by a definite statement as soon as possible. Each entry on the line of duty will be preceded by the number of the diagnosis, as indicated on the record in space provided for diagnoses, to which the LD entry refers. Thus, for instance: 1. No. AR 35-1440; 2. No. LPTS; 3. No, ; 4. No. AW 107; 5. Yes. No LD entry will be made for operations or treatments.

b. Responsibility for reporting line of duty. - The senior medical officer of the medical installation, that initially admits the

patient, will be responsible for supplying the statement as line of duty, except that in case of transfer, when determination of line of duty is dependent upon facilities not available to the officer of the transferring medical installations, the responsible officer of the receiving medical installation will make the statement as to the line of duty. Whenever no LD determination has been made by the transferring medical installation because of a pending investigation, the fact will be so stated; thus, "LD: undetermined, pending investigation." Upon completion of the investigation, the transferring medical installation will forward immediately to the receiving medical installation, the line of duty statement, accompanied by proper explanatory notes.

c. Investigations. - Whenever the determination of line of duty depends upon an investigation of the circumstances attending the condition for which the individual is hospitalized, such investigation will be made in accordance with the provisions set forth in AR 345-415.

d. Line of duty undetermined: Records on patients in which the line of duty is undetermined will be properly submitted with the Report of Sick and Wounded and not withheld awaiting completion of line of duty status. Every effort will be made to facilitate submission of Report of Investigation findings. All correction cards (Form 52b and 52c, HD) and separate line of duty statements should be transmitted to the Office of the Chief Surgeon, under separate cover or not included with the next Monthly Report of Sick and Wounded.

e. Manner of reporting line of duty:

Conditions Responsible for Line of Duty:	No.	Manner of Reporting
(1) Misconduct: Diseases, as distinguished from injuries, directly attributable to intemperate use of alcoholic liquor or habit-forming drugs.	No	AR 35-1440
(2) Misconduct: (a) Injuries due to intemperate use of alcoholic liquor or habit-forming drugs.	No	AW 107 *
(b) Venereal diseases, if the person in service does not comply with the Army Regulations requiring him to report and receive treatment for such disease.		

(c) All other misconduct, except that specified above.

(3) Misconduct: Diseases or injuries resulting from misconduct, when treated on a duty status.	No, Misconduct.
(4) Occurred during absence from duty without official permission, provided no misconduct was involved.	No.
(5) Occurred as the result of the individual's outside activities, not of a class authorized or encouraged by the War Department.	No.
(6) Existed prior to active service and were not aggravated by the service (EPTS).	No, EPTS.

* For officers, the line of duty will be reported: "LD: No, Misconduct".

19. Changed and additional diagnoses. - Every change or additional diagnoses, complication and intercurrent disease will be recorded with a separately recorded line of duty. The final report submitted to the Office of the Chief Surgeon should show clearly all the diagnoses which the final medical installation has found to be appropriate to the condition then present, and should indicate which earlier diagnoses have been changed or are not concurred in.

20. Operations. - Any surgical operation; special therapeutic measure such as blood or plasma transfusion, or penicillin therapy; and any special diagnostic procedure such as myelography, bronchoscopic examination, will be recorded. (Routine diagnostic procedures will not be reported). These will be arranged in chronological order, following the listing of the diagnoses. The word "operation" alone is not sufficient. In addition to the type of operation performed, the date of operation and anaesthetic used will be recorded. In cases of plasma and penicillin, the amounts given will be stated.

21. Signature. - The signature or the typewritten name of the responsible medical officer will appear on each individual medical record. This may be accomplished either by having the responsible medical officer sign each card individually or the name of the responsible medical officer typewritten and the card verified for corrections and signed by the registrar.

22. Disposition. -

a. General. - Each individual medical record will carry in the space "Disposition" a clear statement as to the manner of the disposition of the case. With the exception of dispositions by transfer, all dispositions are final dispositions, and the cases so disposed of are completed cases. Final dispositions on completed cases will be recorded as "Duty", "Death", "AWOL", "Confinement", "Transfer to the Zone of Interior"; however, in the case of patients returned to duty to Reinforcement Control Depot the final disposition will be either "Duty, general assignment" or "Duty, limited assignment" as the case may be.

b. Transfers. - Transfer of a patient to another medical installation for further treatment or observation closes the case for the transferring medical installation. It is not to be considered, however, a completed case. (Such dispositions will be referred to as cases disposed of by transfer). The name of the medical installation to which the patient is transferred will be specified under "Disposition".

c. AWOL. - A patient leaving the Medical Installation without permission will be carried as a patient for 10 days only. After 10 days his medical records will be closed as a completed case and held until the end of the monthly period for submission with the Report of Sick and Wounded. In such instances the entry under "Disposition", will be AWOL and the disposition date recorded as the date upon which absence without leave commenced; thus: "AWOL since 17 Feb 1945". Should the patient return to the hospital prior to the expiration of 10 days the fact and initial date of AWOL and the date of return will be noted in the space provided for diagnoses; however, should he return after the 10 days have elapsed and the case has been completed, he will be admitted on a new individual medical record and marked under "Diagnoses" as an "old" case.

d. Patients evacuated to Zone of Interior. - For each patient evacuated to the Zone of Interior, there will be prepared a "True Copy" of the Field Medical Card showing all previous medical units treating the patient. In some cases all of this information is not recorded on the original Form 52c, M.D. However, in this event a chronological entry should be made on the "True Copy" recording as much of the information as possible and as called for by the printed matter thereon. Battle casualties evacuated through numerous field medical units may have all of these transfers chronologically consolidated in the first section, WD AGO Form No. 8-27,(WD MD Form 52c). "True copies" of the Field Medical card will be prepared by the hospital boarding the patient for evacuation to the Zone of Interior and will accompany the patient until such time as he is evacuated. They will then be transmitted by the last medical installation the patient is in prior to his evacuation, accompanied by letter of transmittal and sent direct to Chief Surgeon, Attn: Medical Records Division, APO 887 for continental units and to Surgeon, UK Base, Attn: Medical Records Division, APO 413, for UK units. Copies will not

be held for submission with the monthly Report of Sick and Wounded (Form 51, M.D.), WD AGO Form No. 8-23.

23. Date of disposition. - The day of the patient's departure from the medical installation will be recorded as the day of disposition. For cases "carded for record only" the date of disposition will be identical with the date of admission regardless of the number of days that the patient is treated on a duty status. The date will be stated as follows: day, month, and year; e.g. 17 Feb 1945.

24. Clinical Records. - Individual clinical records on each hospital patient excused from duty will consist of the Field Medical Jacket, WD AGO Form No. 8-28 (old WD MD Form No. 52d), and Field Medical Card, WD AGO Form No. 8-27, (old WD MD Form 52c) in all hospitals. In addition the Abbreviated Clinical Record, WD AGO Form No. 8-34 (old WD MD Form No. 55L-1) will be prepared on each patient in all fixed hospitals and will be used in non-fixed hospitals and holding units as necessary to maintain an adequate record. This form may be augmented by the use of the Laboratory series, WD AGO Forms No. 8-66 through 8-81 (old WD MD Form No. 55L-1 through L-15) and X-ray report, ETOUSA MD 55K-2 as nature of case may warrant. Other WD MD 55 series forms will only be used in general and station hospitals for cases of unusual interest or of a special nature. Upon the disposition of a case by transfer or by completion, all forms of the clinical record will be arranged in their proper order, fastened together and inclosed in the Field Medical Jacket, WD AGO Form No. 8-28 (old Form WD MD 52d) together with the Field Medical Card, WD AGO Form No. 8-27 (old form WD MD 52c). The number of the hospital will be stated on each form.

SECTION II. - EMERGENCY MEDICAL TAG (WD MD FORM 52b)(WD AGO FORM No. 8-26)

1. General. - Unit dispensaries, aid stations, collecting stations and clearing, wherever located, will use the EMT as the individual medical record.

a. Although in many cases, the EMT is filled out under trying combat conditions, utmost care will be taken to supply all pertinent information. Except for such entries as are prohibited by current security regulations, the EMT will be prepared completely; however, the EMT of all patients finally disposed of, prior to submission of record to this office, whether the disposition is made by an aid station, collecting station, clearing station or unit dispensary, will be completely filled out. This requirement applies to KIA cases and any other cases with final disposition of "Duty", "Death", "AWOL" or "Confinement".

b. In case of transfers, aid stations and clearing stations will only partially accomplish the EMT. The entries will be limited to

the patient's name, grade, Army serial number (ASN), Religious preference inserted after ASN, (P) (C) or (H) as indicated, date and hour when tagged, diagnosis and line of duty, treatment given, disposition and signature of the responsible person indicating grade. The other entries on the EMT will be completed at the clearing station, any other medical installation acting in the capacity of clearing station, or any other medical installation in rear of the clearing station. The EMT will be examined at each medical installation in the chain of evacuation and every effort will be made to correct faulty entries or complete missing ones.

(1) All necessary notes on the patient prior to his transfer to a hospital will be made on the EMT. The initial medical installation will use the front of the EMT, while all further additional information will be entered in the "Supplemental Record" on the back of the tag. The following items will be recorded when appropriate:

(a) Additional treatment given en route to hospital; the nature of treatment, where and when it was given.

(b) In case of death en route, the fact, time and place of death, and other essential circumstances attending the death.

(c) In case of transfer to a hospital, the name of the hospital to which the patient was transferred and the date of transfer.

(d) In case of disposition to duty en route (prior to admission to hospital), the fact and date of disposition.

c. Abbreviations. - The following diagnostic abbreviations are authorized for use on the EMT. (None of these abbreviations will be used on the Field Medical Card). No additions or deviations from the list of abbreviations are permitted.

BC	Battle Casualty	FCC	Fracture, compound, comminuted
CW	Contused Wound	FS	Fracture, simple
EW	Extensive Wound	GSW	Gunshot wound
FUO	Fever of undetermined origin	IW	Incised wound
		Perf. W.	Perforating wound
FC	Fracture Compound	SV	Severe wound
KIA	Killed in action	S	Slight
MW	Multiple wound	WIA	Wounded in action
NYD	Not yet diagnosed	Pen. W.	Penetrating wound

To indicate the direct result of enemy action, all personnel "Wounded in action" (WIA) or "Killed in action" (KIA) will be so noted by

the proper abbreviation. All battle casualties not WIA or KIA will have the abbreviation "BC" noted before the diagnosis.

d. Causative agent: If known, the causative agent will be indicated in all cases as follows:

(1) Wounds caused by small arms ammunitions will be recorded as follows: GSW (Rifle), GSW (Pistol), GSW (Machine Gun).

(2) Wounds caused by shell, mortar or anti-aircraft fire will be recorded as: Shell wound (High Explosive), Shell wound (Flak), or Shell wound (Mortar), or Shell Wound (Cannon).

(3) Wounds resulting from burns will be recorded as: Burns (Petrol), (Flash), (Flame Thrower), (Phosphorus), etc.

(4) Wounds resulting from bombs or grenades will be recorded as: Bomb wounds (Aerial), (Grenade), (Booby Trap), (Anti-Tank Mine), etc.

(5) Injuries caused by blast will be recorded so as to indicate the source of the blast, e.g., Concussion, Fractured Tibia, or Injury of lung so caused will be recorded as: Concussion (Bomb Blast), (Shell Blast), (Mine Blast), Fractured Tibia, Right (Bomb Blast), (Shell Blast), (Mine Blast).

(6) Chemical warfare injuries will be recorded as: Gas (Lung Irritant), (Vesicant), (Irritant Smoke), (Tear Gas), etc. The part of body affected will be indicated. Whenever possible, the particular Causative agent will be indicated as (Mustard), (Lewisite), etc.

(7) Wounds due to secondary missiles, i.e. parts of airplane, will be so designated.

Whenever possible, records of wounds and other injuries will state how, when and where incurred. If there is doubt concerning the circumstances, and the only source of information is the statement of the patient, the record should so indicate. If the circumstances surrounding the incurrence of the wound or injury cannot be determined, that fact will be noted on the record. In cases of wounds or other injuries, the part of the body will always be shown.

2. Recording of Data. - The provisions set forth in Section I, will be followed for filling out the entries on the EMT with the following

modifications:

a. Aid stations, collecting stations and clearing stations will state in addition to the date of admission, the hour, (expressed in 24 hour system) in which the patient was tagged.

b. In cases carded for record only, the EMT will be marked at the top; "Carded for record only" or "CRO".

c. The entry "Treatment" on the EMT will specify, when used by aid stations, collecting stations and clearing stations, the treatment administered, noting the drugs used and, when important, the time of treatment.

d. The hour (expressed in 24 hour system) will be added to the disposition date by aid stations, collecting stations, and clearing stations.

e. The EMT will be prepared in duplicate (one original and one carbon copy). Only the original copy of the EMT for all completed cases will be transmitted with the Monthly Report of Sick and Wounded. In case of transfers, the original will be sent to the next medical installation to which the patient is transferred. The carbon copies of the EMT are for field use only. No carbon copies of the EMT, regardless of patient's disposition, will be transmitted with the Monthly Report of Sick and Wounded.

f. Disposition of completed cases. -

(1) Returned to duty. - The EMT of patients returned to duty, whether by the aid station, collecting station, or clearing station will remain at the medical installation (aid station, collecting station, or clearing station), making the disposition for inclusion in the monthly Report of Sick and Wounded. (The tag will not accompany the discharged patient back to his organization).

(2) KIA cases and patients who die in transit. - The EMT of patients who died while in transit or who were killed in action will remain attached to the bodies until interment. If interment is under the supervision of the Graves Registration Service, the EMT will be removed at the time of interment either by medical personnel attached to the Service or by some responsible member of the burial party. Whenever identification of the body is impossible at the time of interment, notation will be made of the registration number of the remains assigned by the Graves Registration Service in order that the Surgeon General may have a means of securing additional information at a later time. If interment is not under the immediate supervision of the Graves Registration Service but is made by burial parties from the Command, the EMT will be removed by the accompanying Medical Department personnel whenever present or by some other responsible person. The collected EMT will then be

transmitted to the medical organization to which the attending personnel belong, for inclusion in the Monthly Report of Sick and Wounded.

SECTION III. - FIELD MEDICAL JACKET (WD MD FORM 52d), WD AGO FORM NO. 8-28

1. Field Medical Jacket. - The Field Medical Jacket, (WD MD Form 52d), will be prepared when the Fild Medical Card is initiated. Religious preference will be inserted after ASN, (P) (C) or (H) as indicated. The jacket is not to be regarded by itself as an individual medical record; it serves only as an envelope for the available individual medical and clinical records relative to the patient. To avoid unnecessary examination of the individual's medical records, the jacket provides, on the outside, space for recording some of the pertinent personal and diagnostic data regarding the patient. It also provides entries for recording transportation memoranda concerning the patient's evacuation from the combat area to the rear.

SECTION IV. - REPORT OF SICK AND WOUNDED (WD AGO FORM 8-23)

1. The Report Sheet of Sick and Wounded (WD AGO Form 8-23) fulfils a threefold purpose:

a. It serves as a transmittal sheet for the individual medical records of all completed cases submitted each month and the "remaining" cards submitted annually.

b. It presents information on the mean strength of the command and of the organizations attached to the command (classified by sex, race and rank), thus furnishing the proper population base for the evaluation of the medical data on the individual medical records.

c. It serves as the only source of information submitted to the Surgeon General on outpatient service.

2. By whom rendered. - Every medical installation, except battalion aid stations (when not operating independently), will render a report sheet of sick and wounded. For battalion aid stations (not operating independently), the medical detachment operating the aid stations will prepare one report sheet of sick and wounded for all aid stations under its supervision. Thus, the medical detachment of an infantry regiment will prepare the report covering the regimental aid station and the three battalion aid stations. (An aid station operating independently will submit a separate report). Likewise, the medical organization operating the collecting or clearing stations, or both, will prepare one report sheet covering all such installations under its supervision. Thus, the medical battalion or the comparable organization will submit the report for all collecting and clearing stations which it operates.

3. Initial and final reports. - A newly activated medical installation

or medical organization will label its first report (at the top), INITIAL REPORT. An inactivated medical installation or medical organization will label its last report (at the top); FINAL REPORT. A medical installation or medical organization that began its existence and terminated such within the same report period will label its report (at the top); INITIAL AND FINAL REPORT.

4. Sick and Wounded Report cards (52c, d and enclosed clinical records) will be submitted separately from the Sick and Wounded Report sheet (WD AGO Form 8-23) when their bulk prohibits their being dispatched in mailing envelopes. Sick and Wounded Report cards submitted separately from the WD AGO Form 8-23 will be accompanied by a letter of transmittal containing the following certificate:

"This is to certify that _____ (No. of records) Sick and Wounded Records for the reporting period of _____ (day, month, year) to _____ (day, month, year) from _____ (unit or hospital) are enclosed herewith. This is number ____ (No. of package) package of _____ packages submitted for this month's Report of Sick and Wounded".

5. The Report Sheet will be submitted each reporting period presented, even though there are no report cards to accompany it. In this event, the total number of completed cases under certificate will be indicated as zero (0).

6. Designation of medical installation or medical organization.

a. Hospitals to which a plant number has been assigned, will enter the unit designation, plant number, APO and geographical location in space one (1) of the WD MD Form 51, WD AGO Form 8-23, (500th General Hospital, USAHP No. 5 00, APO 500, HAMFORD, France).

b. Medical organizations rendering the report will be identified in space one (1) of the (WD AGO FORM 8-23) by name or number, APO, geographical location, and the Army, Air Force or Base Section to which attached.

7. Period covered by report. -

a. General. - The report sheet, which is to be submitted each month, will not pertain to the calendar month, but will include data from midnight of the last Friday of the preceding month up to midnight of the last Friday of the current month; hence the report will cover four or five weeks, depending on the number of weeks in the period. Similarly the individual medical records which are to accompany the report sheet will include cases completed as of the last Friday of the Month.

b. Date. - The initial and final dates of the report period will be given thus: 26 August 1944 - 29 September 1944, inclusive.

(The initial date is Saturday following the last Friday of the preceding month and the final date is the last Friday of the current month). Medical installations in operation for only a portion of the report period will state the initial and final dates of that portion of the period.

8. Composition of command and attached organizations.

a. Definition of command. - The term "command" as used in these regulations refers to any Army (military) administrative unit having its own (organic) medical service.

b. Units to be listed. - The name of the command will be specified, along with all subordinate units of the command and all attached organizations, including those attached for medical service only, as of the last day of the period. The attached organizations will be listed separately under a heading "Attached". For organizations attached for medical service only, the fact will be so indicated.

9. Variations in command and attached organizations.

a. Variations in composition. - The important variations in the composition of the command and of the attached organizations, such as the arrival or departure of companies or comparable units, will be stated, specifying the respective dates of arrival or departure.

b. Variations in locations. - Field medical installations will specify under "General Remarks" on the report sheet the principal camps they occupied during the report period, with the dates of arrival or departure.

c. Other variations. - Newly activated medical installations or organizations will state under "General Remarks" the date of activation and the order directing it. Inactivated medical installations or organizations will state date and order of inactivation.

10. Individual medical records accompanying report sheet. -

a. General. - The total number of completed cases forwarded with the report sheet will be specified. Each report sheet will have a statement signed by the responsible officer attesting to the fact that the report sheet and the accompanying individual medical records are a true and correct exhibit of the sick and wounded of the reporting medical installation. The name, grade, and branch of service of the responsible officer will be typed or printed under his signature.

b. "Remaining" cards. - For the preparation of the Annual Report submitted by the Surgeon General on the health of the Army, it is necessary to obtain full information not only on completed cases, but also on all other cases treated or observed during the year, though not completed. It is therefore required that every General & Station Hospital and

every fixed Dispensary will, on the last Friday of the month of March, take inventory of all army cases in its current file as of midnight of that Friday, and will fill out a complete individual medical record with the heading "Remaining" at the top for each case in its current file that was initially admitted before 1 January 1945. With the report sheet for March, the number of forwarded "remaining" cards will be stated.

11. Distribution of Report of Sick and Wounded.

a. Field Forces (Continent). Prepared in triplicate. Original and one copy of Form 8-23, with the accompanying medical records or Emergency Medical Tags, will be submitted to Army Surgeon, who will retain one copy and submit the original to Chief Surgeon, ETOUSA, Attn: Medical Records, APO 887. Third copy will be retained for file.

b. Field Forces (U.K.). Prepared in triplicate. Original and one copy of Form 8-23, with the accompanying Medical Records or Emergency Medical Tags, will be submitted to Army Surgeon, who will retain one copy and submit the original, with accompanying records, to the Surgeon, U.K.Base, Attn: Medical Records, APO 413. Third copy will be retained for file.

c. Continental Communications Zone Units and Hospitals. Prepared in triplicate. The original, accompanied by Medical Records, will be submitted direct to the Chief Surgeon, ETOUSA, Attn: Medical Records, APO 887. One copy WD AGO Form 8-23, transmitted to the surgeon of the Base Section having jurisdiction. One copy retained for file.

d. United Kingdom (Com Z) Units. Prepared in duplicate. Original, accompanied by Medical Records, submitted direct to the Surgeon, U.K.Base, Attn: Medical Records, APO 413. One copy retained for file.

e. U.K.Hospitals. Prepared in triplicate. Original, accompanied by records in one box, will be delivered to the Hospital Center, which will in turn convey all Sick and Wounded Reports and Records in one group to Medical Records, APO 413. One copy form 8-23 will be retained by unit for file; one copy will be retained by the Hospital Center having jurisdiction.

f. Ninth Air Force Units. Prepared in quadruplicate. Three copies of Form 8-23 with accompanying Medical Records, will be transmitted, through channels, to the Air Force Surgeon. One copy retained for file, two copies retained by Air Force Surgeon, the original forwarded with accompanying records to Chief Surgeon, ETOUSA, Attn: Medical Records, APO 887.

g. Air Service Command Units (USSTAF). Prepared in triplicate. Original and one copy, with completed Medical Records, forwarded to the

Major Command concerned, or to the Surgeon of the Intermediate Command that may be designated. One copy retained for file and one copy retained by surgeon of Major or Intermediate Command, original with accompanying records of Continental units to Office Chief Surgeon, ETOUSA, Attn: Medical Records Division, APO 887. For U.K. units to Office Surgeon, Hq, U.K.Base, Attn: Medical Records Division, APO 413.

SECTION V. NON-ARMY PATIENTS IN ARMY MEDICAL INSTALLATIONS.

1. General.

a. Forms used. - Non-Army patients in Army Medical Installations will be recorded on the same individual medical records as used by the respective Medical Installations for recording army patients. This applies to both non-army hospitalized patients and non-army cases carded for record only.

b. Hospitalized patients. - An individual medical record will be filled out for each non-army patient hospitalized in an army Medical Installation, wherever located.

c. Cases carded for record only. - Non-Army personnel residing on an army post, camp or station, or attached to the command for some particular purpose, who die while not in the hospital will be carded for record only. Also any non-army deceased persons brought to an army Medical Installation will be carded for record only. Likewise, KIA cases of non-army military personnel and of non-army civilian personnel attached to the army for some particular purpose will be carded for record only.

d. Required data. - In completing the individual medical records for non-army patients, the same care will be exercised as for army patients. The entries on the records will be made in the same manner as those prepared for army personnel, as prescribed by this directive.

2. Rendering of Report. -

a. Continent. - Completed Field Medical Records of non U.S. Army patients on the continent will be forwarded under separate cover to the Chief Surgeon, Hq, ETOUSA, APO 887, Attn: Medical Records, accompanied by a letter of transmittal.

b. United Kingdom. - Completed Field Medical Records of Non-U.S.Army patients in the United Kingdom will be forwarded under separate cover to the Surgeon, U.K.Base, APO 413, Attn: Medical Records, accompanied by a letter of transmittal.

c. Under no circumstances will the medical records of such personnel be forwarded with or included in the Monthly Report of Sick and Wounded.

By order of the Chief Surgeon:

H. W. DOAN,
Colonel, Medical Corps,
Executive Officer.